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BIBDATASHEET

CONFIRMATION NO. 4257

Bib Data Sheet

SERIAL NUMBER 09/620,060	FILING OR 371(c) DATE 07/21/2000 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 49950-59911CON
APPLICANTS Lonnie O. Ingram, Gainesville, FL; Kazuyoshi Ohta, Gainesville, FL; Brent E. Wood, Gainesville, FL;				
** CONTINUING DATA ***** This application is a CON of 09/134,403 08/14/1998 PAT 6,107,093 which is a CON of 08/363,868 12/27/1994 PAT 5,821,093 which is a CIP of 08/013,658 02/04/1993 ABN which is a CON of 07/624,227 12/07/1990 ABN which is a CIP of 07/352,062 05/15/1989 PAT 5,000,000 which is a CIP of 07/239,099 08/31/1988 ABN and is a CIP of 07/946,290 09/17/1992 PAT 5,487,989				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/20/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY FL	SHEETS DRAWING 8	TOTAL CLAIMS 49 INDEPENDENT CLAIMS 4
ADDRESS 21874				
TITLE RECOMBINANT CELLS THAT HIGHLY EXPRESS CHROMOSOMALLY-INTEGRATED HETEROLOGOUS GENES				
FILING FEE RECEIVED 1021	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	